

Case Number:	CM15-0067494		
Date Assigned:	04/24/2015	Date of Injury:	09/17/2002
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old male who sustained an industrial injury on September 17, 2002. Prior treatment includes medications, TENS unit, and lumbar surgery. Currently the injured worker complains of back pain. He rates the pain a 7-9 on a 10-point scale and he describes the pain as tingling, sharp and with numbness radiating down to the right lower extremity and right buttock. Diagnoses associated with the request status post removal of hardware from the lumbar spine, status post lumbar fusion with instrumentation, status post lumbar laminectomy, right L4-5 radiculopathy and protrusion of L4-5 with spinal stenosis. The treatment plan includes medications to include Flexeril, Ambien, Diclofenac, Lyrica and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyrica 75mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg #90 with 2 refills is not medically necessary and appropriate.

Diclofenac 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac 50mg #90 with 2 refills is not medically necessary and appropriate.

Diphenhydramine 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Burns, Itch Control, page 62.

Decision rationale: Diphenhydramine HCl is an anti-histamine with anti-cholinergic and sedative side effects indicated for medical diagnosis of urticaria and allergies. Diphenhydramine may be indicated for short-term use up to few days for moderate pruritus in patients with atopic dermatitis. Submitted reports have not adequately demonstrated the indication or medical need for this medication for this chronic injury without documented functional improvement from treatment already rendered. Non-specific dosing cannot be supported as ongoing monitoring of functional efficacy is required to continue appropriate treatment. The patient continues with

chronic symptoms on multiple medications for this chronic injury without improvement. The Diphenhydramine 50mg #30 with 2 refills is not medically necessary and appropriate.